

INSTRUCTIONS FOR COMPLETING FORM: This form must be typed. The signature field must be signed by the person whose signature appears on the back of the credit card. If the card is not present, you must photocopy your credit card (BOTH SIDES) and attached the copy to this form.

United States Bankruptcy Court - Northern District of Florida
CREDIT CARD ONE TIME AUTHORIZATION FORM

I hereby authorize the U.S. Bankruptcy Court for the Northern District of Florida to charge the credit card listed below for payment of fees, costs, and expenses as designated on this form. I certify that I am authorized to use this credit card. The U.S. Bankruptcy Court will maintain this form in the court's safe.

Credit Cardholder Name: _____

Signature: _____ **Date:** _____

Address: _____

Telephone Number: _____

CARD TYPE: (Check card type below)

_____ **MasterCard** _____ **VISA** _____ **Discover** _____ **American Express*** _____ **Diners Club**

**American Express ID Number _____ (This four digit number is printed on your card above the embossed account number.)

Account Number: _____ **Exp. Date:** _____

CHARGE INFORMATION: Please list the appropriate amounts for each applicable charge.

Filing Fee (for new cases)	\$ _____
Motion Fee	\$ _____
Conversion Fee	\$ _____
Search Fee	\$ _____
Copies and Certificates made by court	\$ _____
Appeal Fee	\$ _____
File Retrieval from Archives	\$ _____
Complaint Fee	\$ _____
Other: _____	\$ _____

TOTAL CHARGES: \$ _____